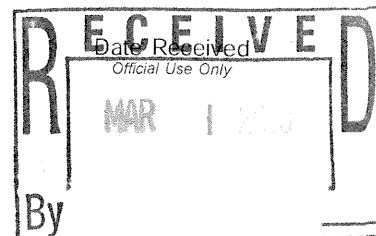


**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**



Please type or print in ink.

10 MAR -1 PM 4:13

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Jones	Dave			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

State Legislature

Division, Board, District, if applicable:

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: Department of Insurance

Position: Insurance Commissioner

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009,  
through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☒ Candidate Election Year: 2010

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the  
attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☒ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed March 1, 2010

Signature \_\_\_\_\_  
(File the originally signed statement) (your filing official.)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name  Dave Jones

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

California State Assembly

ADDRESS (Business Address Acceptable)

State Capitol, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Assemblymember

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

\_\_\_\_\_%      ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None      ☐ Personal residence

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <div style="text-align: right;">Dave Jones</div>

► NAME OF SOURCE  
California Democratic Party  
 ADDRESS (Business Address Acceptable)  
1401 21st Street ste.200 Sacramento, Ca 95818  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 8 / 09</u>	\$ <u>73.27</u>	<u>Dinner</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Bass for Assembly  
 ADDRESS (Business Address Acceptable)  
777 S. Figueroa St Ste.4050 LA, Ca 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 8 / 09</u>	\$ <u>72.51</u>	<u>Jacket</u>
<u>1 / 8 / 09</u>	\$ <u>11.95</u>	<u>Breakfast and lunch</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Amgen  
 ADDRESS (Business Address Acceptable)  
1415 L Street Ste.410 Sac, Ca 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 12 / 09</u>	\$ <u>300</u>	<u>Kick off Gala</u>
<u>2 / 14 / 09</u>	\$ <u>120</u>	<u>Hospitality Tent</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
California Tribal Alliance  
 ADDRESS (Business Address Acceptable)  
1530 J Street ste. 250 Sac, Ca 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 14 / 09</u>	\$ <u>88.77</u>	<u>Reception</u>
<u>4 / 1 / 09</u>	\$ <u>60.69</u>	<u>Dinner</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
AT&T  
 ADDRESS (Business Address Acceptable)  
1415 K Street ste. 1800 Sac, Ca 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 25 / 09</u>	\$ <u>          </u>	<u>Capitol <del>AS</del> Event</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Viejas Ban of Kumeyaay Indians  
 ADDRESS (Business Address Acceptable)  
1 Viejas Grande Road Alpine, Ca 91901  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 26 / 09</u>	\$ <u>14.62</u>	<u>Lunch</u>
<u>4 / 1 / 09</u>	\$ <u>82.54</u>	<u>Dinner</u>
<u>11 / 13 / 09</u>	\$ <u>28.45</u>	<u>Lunch</u>

Comments: \_\_\_\_\_

\_\_\_\_\_

Name

Dave Jones

# SCHEDULE D

## Income - Gifts

► NAME OF SOURCE

Consumer Attorney's of Ca

ADDRESS (Business Address Acceptable)

770 L Street Ste.1200 Sac, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 1 / 09	\$ 39.11	Reception
4 / 27 / 09	\$ 34.40	Reception
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Ed Voice

ADDRESS (Business Address Acceptable)

1107 9th Street Ste. 680 Sac, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 24 / 09	\$ 71.65	Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

California Cable and Telecommunication Assn

ADDRESS (Business Address Acceptable)

1001 K Street Sac, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 09	\$ 63.23	Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

California State Council of Laborers

ADDRESS (Business Address Acceptable)

1121 L Street Sac, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 17 / 09	\$ 60.05	Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \_\_\_\_\_

RECEIVED

JUN 28 2010

# **SCHEDULE D** **Income - Gifts**

BY: \_\_\_\_\_

2010 JUN 30 PM 1:21

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

## NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Ste. 200, Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Party Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 08 / 09	\$ 73.27	Dinner
/  /	\$	
/  /	\$	

## NAME OF SOURCE

Amgen

ADDRESS (Business Address Acceptable)

1415 L Street, Ste. 410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Biotechnology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 12 / 09	\$ 300.00	Kick-off Gala
2 / 14 / 09	\$ 120.00	Hospitality Tent
/  /	\$	

## NAME OF SOURCE

AT&amp;T

ADDRESS (Business Address Acceptable)

1415 K Street, Ste. 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 25 / 09	\$ 125.00	Capitol AIDS Event
/  /	\$	
/  /	\$	

## NAME OF SOURCE

Bass for Assembly

ADDRESS (Business Address Acceptable)

777 S. Figueroa St. Ste 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legislative Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 08 / 09	\$ 72.51	Jacket
1 / 08 / 09	\$ 11.95	Breakfast and lunch
/  /	\$	

## NAME OF SOURCE

California Tribal Alliance

ADDRESS (Business Address Acceptable)

1530 J Street, Ste. 250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Alliance of Indian Tribes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 14 / 09	\$ 88.77	Reception
4 / 01 / 09	\$ 60.69	Dinner
/  /	\$	

## Verification

Print Name Dave Jones

Office, Agency or Court State Assembly/Insurance Commissioner

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☒ Candidate  
 (yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 6/9/10

Signature \_\_\_\_\_

Comments: \_\_\_\_\_

RECEIVED

JUN 28 2010

**SCHEDULE D**  
**Income – Gifts**

BY: \_\_\_\_\_

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

2010 JUN 30 PM 1:21

► NAME OF SOURCE

Viejas Band of Kumeyaay Indians

ADDRESS (Business Address Acceptable)

1 Viejas Grand Road, Alpine, CA 91901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Indian Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

1 / 26 / 09	\$ 14.62	Lunch
-------------	----------	-------

4 / 1 / 09	\$ 82.54	Dinner
------------	----------	--------

11 / 13 / 09	\$ 28.45	Lunch
--------------	----------	-------

► NAME OF SOURCE

Ed Voice

ADDRESS (Business Address Acceptable)

1107 9th Street, Ste. 680, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

3 / 24 / 09	\$ 71.65	Reception
-------------	----------	-----------

____ / ____ / ____	\$ _____	_____
--------------------	----------	-------

____ / ____ / ____	\$ _____	_____
--------------------	----------	-------

► NAME OF SOURCE

California Cable and Telecommunications Assoc.

ADDRESS (Business Address Acceptable)

1001 K Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Telecommunications Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

5 / 4 / 09	\$ 63.23	Reception
------------	----------	-----------

____ / ____ / ____	\$ _____	_____
--------------------	----------	-------

____ / ____ / ____	\$ _____	_____
--------------------	----------	-------

► NAME OF SOURCE

Consumer Attorneys of CA

ADDRESS (Business Address Acceptable)

770 L Street, Ste. 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Association for Attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

10 / 1 / 09	\$ 39.11	Reception
-------------	----------	-----------

4 / 27 / 09	\$ 34.40	Reception
-------------	----------	-----------

____ / ____ / ____	\$ _____	_____
--------------------	----------	-------

► NAME OF SOURCE

California State Council of Laborers

ADDRESS (Business Address Acceptable)

1121 L Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

3 / 17 / 09	\$ 60.05	Reception
-------------	----------	-----------

____ / ____ / ____	\$ _____	_____
--------------------	----------	-------

____ / ____ / ____	\$ _____	_____
--------------------	----------	-------

**Verification**

Print Name Dave Jones

Office, Agency or Court State Assembly/Insurance Commissioner

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_\_ Annual ☒ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 6/8/10  
(month day year)

Signature \_\_\_\_\_

Comments: \_\_\_\_\_